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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA003000023 Phone : (954)208-0845 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: henry.li@mhs.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Multi-Health Systems, Inc. (MHS)

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Multi-Health Systems, Inc. (MHS) (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable) (State or country under the law of which it is incorporated) June 10, 1983 (Date of duration, if other than perpetual) (Date of incorporation) April 14, 2023 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3770 Victoria Park Avenue, Toronto, Ontario, Canada, M2H 3M6 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: 33324 Plantation (City) (Zip code) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ву:	C T Corporation System	Christini Karl	Christine Kelm Assistant Secretary			
(Registered agent's signature)						

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

From: David Thomas

DocuSign Envelope ID: 68E8A478-BBBB-4FFD-8B47-51D78D579B59

To:

A. DIRECTORS						
⊒Chairman	STEVEN STEIN Name:	□Chairman	Name:			
□ Vice Chairman	Address: 3770 VICTORIA PARK AVE	□Vice Chairman	Address: 3770 VICTORIA PARK AVE.			
□Director	TORONTO, ONTARIO, M2H 3M6	□Director	TORONTO, ONTARIO, M2H 3M6			
□President	CANADA	∏President	CANADA			
□ Vice President		□Vice President				
□Secretary	[]Treasurer	Secretary	Treasurer			
■Other OWNER	Other	DOther OWNER	Other			
□Chairman	ARJUN CHAUDHRI	_l Chairman	Name:			
□Vice Chairman	3770 VICTORIA PARK AVE.	TVice Chairman				
□Director	TORONTO, ONTARIO, M2II 3M6	□Director				
□President	CANADA	□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
CFO ■Other		□Other	20ther			
⊒Chairman	Name:	LlChairman	Name:			
☐ Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		_l Director				
J.President		[*] IPresident				
□Vice President		□Vice President				
☐ Secretary	Treasurer	□Secretary	Treasurer			
□Other	Other	□Othei				
	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departmen					
12	igan (headha		· -			
12. Signature of Director or Officer						
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in						

s.817.155, F.S.

Transaction Number / Numéro de transaction: APP-A10170117291 Generated on: April 19, 2023, 13:56 / Généré le: 19 avril 2023, 13:56



Ministry of Public and Business Service Delivery Ministère des Services au public et aux entreprises

Certificate of Status

Business Corporations Act

This is to certify that

Attestation du statut juridique

Loi sur les sociétés par actions

La présente vise à attester que

MULTI-HEALTH SYSTEMS INC.

Corporation Name / Dénomination sociale

555185

Ontario Corporation Number / Numéro de société de l'Ontario

is a corporation incorporated, amalgamated or continued under the laws of the Province of Ontario according to the electronic records maintained by the Ministry of Public and Business Service Delivery.

The corporation came into existence on June 10, 1983 and has not been dissolved.

est une société constituée en personne morale, fusionnée ou maintenue conformément aux lois de la province de l'Ontario, selon les dossiers électroniques tenus par le ministère des Services au public et aux entreprises.

La société a vu le jour le 10 juin 1983 et n'a pas été dissoute.

V. Quinfandla W

Director / Directeur

Business Corporations Act / Loi sur les sociétés par actions

Certified a true copy of the record of the Ministry of Public and Business Service Delivery.

V. Quinfandla W.

Director/Registrar



Copie certifiée conforme du dossier du ministère des Services au public et aux entreprises.

V. Quintarillo W.

Directeur ou registrateur